United Nations E/ICEF/2015/5

Economic and Social Council

Distr.: General
15 April 2015

Original: English

For decision

United Nations Children's Fund
Executive Board
Annual session 2015
16-19 June 2015
Item 3 of the provisional agenda*

Annual report of the Executive Director: performance and results for 2014, including report on implementation of the quadrennial comprehensive policy review

Summary

The present reports covers the first year of the UNICEF Strategic Plan, 2014-2017. In response to Economic and Social Council resolution 2013/5 and Executive Board decision 2013/15, the present report also summarizes UNICEF progress related to the various mandates of General Assembly resolution 67/226, on the quadrennial comprehensive policy review (QCPR) of operational activities for development of the United Nations system.

A draft decision is included in section VI.

* E/ICEF/2015/4.

15-05953 (E) 280415

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I. Overview

1. This is the fifth annual report of the Executive Director since UNICEF announced its equity refocus in June 2010, orienting UNICEF programmes, operations, partnerships, innovation and advocacy towards a vision of every child having a fair chance in life. It is also the first annual report since the launch of the UNICEF Strategic Plan, 2014-2017.

2. The equity refocus was driven by evidence that emerged in 2010 showing that, despite major aggregate progress towards achievement of the Millennium Development Goals for children in many countries, those advances were often highly uneven. A UNICEF study that year, *Narrowing the Gaps to Meet the Goals*, demonstrated that prioritizing underserved people is not only their right in principle but can also be highly cost-effective, given the right mix of programmes, policies and a supportive enabling environment. The aim of UNICEF since that time, as reflected in the Strategic Plan, has been to focus efforts on the most disadvantaged children, providing them with greater opportunities to access the essential services and protections that are their rights.

3. Countries around the world have achieved mixed progress in narrowing equity gaps among children. The global under-five mortality rate has been cut in half, from 90 deaths per 1,000 live births in 1990 to 46 per 1,000 in 2013. Even more encouraging, under-five mortality is declining faster than at any time in the past two decades, and among the poorest in all regions. However, regional disparities persist: sub-Saharan Africa and South Asia account for four out of five under-five deaths globally.

4. Other indicators of child development also show considerable progress. Between 1990 and 2012, some 2.3 billion people gained access to improved drinking water and almost 2 billion to improved sanitation. However, strong urban-rural gaps persist in access to drinking water. The gap between least developed countries and the rest of the world also continues to be very high: piped supplies now account for 64 per cent of improved water sources globally, compared with just 17 per cent in least developed countries. One encouraging sign is that urban-rural gaps in sanitation coverage are narrowing, though disparities remain in rates of progress across regions.

5. New HIV infections among children under 15 worldwide declined by 40 per cent between 2009 and 2013, surpassing the overall decline in the entire preceding decade. However, the disparity in use of antiretroviral treatment in low- and middle-income countries grew every year between 2007 and 2013. Furthermore, the adolescent age group (10-19 years) is the only age group in which AIDS-related deaths did not decrease between 2005 and 2013.

6. The number of stunted children under five declined from 257 million in 1990 to 161 million in 2013, while the overall urban-rural gap narrowed. This demonstrates the progress that can be made when political will spurs decisive action at national and international levels, as embodied by the Scaling Up Nutrition movement, launched in 2010. However, regional disparities persist; about half of stunted children live in Asia and a third in Africa.

7. Gaps in primary school attendance between different groups (male-female, urban-rural and rich-poor) have narrowed since the early 2000s. Yet major equity

gaps in learning remain — while globally most children of primary school age are attending school, about 40 per cent of children in this age group are not learning basic reading and writing.

8. Child protection has seen a marked improvement since 1990, with notable gains in reducing child marriage, female genital mutilation/cutting (FGM/C) and child labour. However, there is a substantial gap in prevalence of child marriage between the poorest and the richest: the poorest girls are 2.5 times more likely to marry in childhood.

9. These many achievements, as well as remaining challenges, were highlighted on 20 November 2014, when the world celebrated the 25th anniversary of the Convention on the Rights of the Child. One remaining challenge is to further reduce equity gaps among children. For this reason, UNICEF continues to support countries, communities and families to realize the rights of all children, paying particular attention to the most disadvantaged. While the overall impact of the equity refocus cannot yet be fully realized, important progress has been achieved in recent years, including during the first year of the Strategic Plan.

10. In 2014, UNICEF continued to support countries to achieve both humanitarian and development results in cooperation with other United Nations entities, partners in civil society and the private sector, and National Committees for UNICEF. Section II of the present report highlights some achievements, lessons and challenges related to reducing disparities in the context of the Strategic Plan's seven outcome areas: health, nutrition, water, sanitation and hygiene (WASH), HIV and AIDs, education, child protection and social inclusion. The report also summarizes progress achieved with UNICEF support in the areas of gender and humanitarian action.

11. The scale of humanitarian crises was unprecedented in 2014. As many as 15 million children were caught up in violent conflicts around the world. UNICEF assisted more than 18 million affected people to access improved water sources, 4.4 million to access decent sanitation, and 8.6 million children to engage in formal and non-formal education. UNICEF also provided psychosocial support to 3.1 million children. It is clear that the persistence of chronic humanitarian crises is jeopardizing the futures of generations of children. One response has been the No Lost Generation campaign, a partnership that provides strategic investments to safeguard the future of children affected by the crisis in the Syrian Arab Republic.

12. Furthermore, in response to the devastating Ebola outbreak in 2014, UNICEF mounted its largest-ever supply operation, distributing more than 5,100 metric tons of essential supplies to the three most affected countries, Guinea, Liberia and Sierra Leone. Working with the United Nations Mission for Ebola Emergency Response, the World Health Organization (WHO) and other partners, UNICEF recruited and trained 4,500 workers to provide essential services. UNICEF led social mobilization efforts, helping to marshal 15,000 youth volunteers to work with communities to reduce transmission. UNICEF also provided family support and placement services for the more than 15,000 children who lost one or both parents because of the Ebola outbreak, and psychosocial support was provided to more than 36,000 children.

13. UNICEF began rolling out its Gender Action Plan in 2014. One area of focus is FGM/C. Some 1,000 communities participated in public declarations of support for abandonment of FGM/C across nine countries in 2014. The UNICEF report

Hidden in Plain Sight: a statistical analysis of violence against children contributed substantially to the global evidence base on violence, including gender-based violence. As part of the second phase of the #End Violence against Children campaign, 70 countries stepped up social mobilization and service provision for child victims of violence.

14. In 2014, UNICEF undertook an increasingly active role in working with Government and civil society partners to incorporate child-focused targets and indicators in the post-2015 development framework. UNICEF was especially active in providing technical support to the effort to include targets on ending child marriage and violence against women and girls, and an indicator on gender parity in secondary school completion and learning.

15. UNICEF continued to make progress in implementing the QCPR and made important contributions to development of the standard operating procedures for Delivering as One and the integrated guidance (QCPR paragraph 141). UNICEF is making all efforts to implement this approach, with a strong results focus, through United Nations country teams.

16. The use of innovations was a key part of UNICEF work in 2014. More than one third involved the use of mobile technology, including rapid messaging, to reach more children in real time and to enhance adolescent and community participation. In response to the Ebola outbreak, UNICEF, WHO, front-line partners and manufacturers worked together to develop innovative personal protective equipment.

17. Enhancing results-based management remains a key focus. The Strategic Plan provides a solid framework for further strengthening the results focus of country programmes. Efforts were bolstered in 2014 through the creation of a new position of Deputy Executive Director for Field Results, dedicated to strengthening organizational systems for results-based management. Measures to strengthen assurance activities continued in 2014, including provision of additional oversight capacity to regional offices and programming tools to country offices.

18. Amid mixed progress in reducing equity gaps, immense challenges remain for the world's 2.2 billion children, particularly the poorest and those living in fragile contexts. As the world approaches the target date for achievement of the Millennium Development Goals, it is evident that many children are still not obtaining a fair chance in life. UNICEF will continue to advocate for the post-2015 agenda to focus on the most disadvantaged children.

II. Analysis of results by outcome area

Outcome 1: Health

Results achieved in 2014 with UNICEF support include:

- 35 of 59 target countries have eliminated maternal and neonatal tetanus.
- UNICEF procured 2.71 billion doses of vaccines for 100 countries, covering 40 per cent of the world's children.
- Support for measles elimination and rubella control in 15 countries covered more than 160 million children.
- 77 per cent of targeted children aged 6-59 months in humanitarian situations were vaccinated against measles.

- 78 per cent of targeted families in humanitarian situations received two insecticide-treated nets, up from 30 per cent in 2013.
- 34 countries have mainstreamed risk reduction and resilience, including climate change, into national health strategies and plans, up from 27† in 2013.

19. UNICEF work to improve children's health increasingly focused on the first month of life, based on the finding that around 44 per cent of under-five deaths occur during the neonatal period. Pneumonia, diarrhoea and malaria cause the majority of under-five deaths, most of which are preventable with proven, low-cost interventions.

20. UNICEF responses include development of costed maternal, newborn and child health implementation plans (in 62 of 75 *Countdown to 2015* countries in 2014, up from 52† in 2013) and development of related communication plans (43 of UNICEF-assisted countries, up from 16† in 2013). However, the shortage of skilled health care providers impedes efforts to reduce maternal and neonatal deaths. The large urban/rural disparity has remained fairly constant in all regions, except for East Asia and the Pacific, which has seen some narrowing of the gap. Universal antenatal care is crucial to ensuring that every child has a good start in life, but only about half of women worldwide receive the recommended minimum of four antenatal care visits.

21. UNICEF continued assisting polio eradication in 2014, including the delivery of 1.7 billion doses of oral polio vaccine, an increase of 42 per cent over 2012. Working with WHO, UNICEF supported the funding applications for inactivated polio vaccine by 66 countries and contributed to a remarkable reduction in the number of reported cases: for example, in Somalia, from 194 in 2013 to 5 in 2014, and in Nigeria, from 53 in 2013 to 6 in 2014. However, the situation in Afghanistan and Pakistan led to reversals. UNICEF continues to intensify immunization efforts in those countries. Together with WHO, UNICEF supported 66 applications to GAVI for polio vaccines, and seven introductions of the Inactive Polio Vaccine.

22. In responding to the Ebola crisis, UNICEF developed the "community care centre" model and supported the establishment of 65 such centres. Their location in communities reduced by 30 per cent the time between onset of symptoms and diagnosis, compared to the time at higher-level facilities. UNICEF was most active in supporting these centres in Sierra Leone, where more than 6,000 patients underwent community-level triage in the last quarter of 2014.

23. Ending preventable maternal, newborn and child deaths is the goal of Committing to Child Survival: A Promise Renewed. Since its 2012 launch, nearly 20 countries have sharpened their national reproductive, maternal, newborn and child health strategies, have set costed targets beyond 2015, and have developed country scorecards to track progress against commitments.

24. UNICEF work with partners continued to grow and strengthen, in line with the QCPR (paragraph 20). UNICEF and WHO convened global partners to develop action plans for Every Newborn, an approach endorsed by all 193 WHO Member States in May. By end-2014, Ghana, India, Indonesia and Pakistan had finalized their plans. UNICEF also worked with Every Woman, Every Child to intensify attention paid to the major health challenges facing women and children, and the Partnership for Maternal, Newborn and Child Health, which links 680 organizations involved in various aspects of health care provision. The Global Fund to Fight

AIDS, Tuberculosis and Malaria provided eight countries with support to strengthen health systems and malaria response, with UNICEF technical assistance.

25. Generating evidence in support of policy advocacy, technical guidance, knowledge exchange and learning is an increasingly important part of UNICEF work. In 2014, more than 70 papers on health topics authored or co-authored by UNICEF staff were published in peer-reviewed journals.

Outcome 2: HIV and AIDS

- Results achieved in 2014 with the support of UNICEF and the United Nations Joint Programme on HIV/AIDS (UNAIDS) include: In 19 of 22 Global Plan priority countries, non-physician health care providers have been trained to provide antiretroviral treatment in antenatal care settings for HIV-positive pregnant and breastfeeding women.
- 26 of 38 priority countries have national HIV/AIDS strategies that include proven high-impact, evidence-based interventions focused on adolescents.
- 10 of 38 UNAIDS priority countries have undertaken a gender audit or review of the national HIV plan/policy/strategy based on the UNAIDS and the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women) gender audit tool or other appropriate methods during the current national development cycle.

26. UNICEF and its partners are working to achieve an AIDS-free generation. This is a generation in which children are born free of HIV and remain so for the first two decades of life, and in which children living with HIV have access to treatment and care, allowing them to survive and thrive. Yet, despite a 40 per cent decline in new HIV infections among children in the last four years, the target of a 90 per cent reduction between 2009 and 2015 is still out of reach. Due to lack of access to HIV diagnostic services and antiretroviral treatment, an estimated 190,000 children under age 14 died of AIDS-related causes in 2013.

27. Working towards an AIDS-free generation, UNICEF and WHO co-convene the Inter-Agency Task Team comprising 33 partner organizations. It supports equitable use of HIV prevention and treatment interventions by children, pregnant women and adolescents in 22 Global Plan priority countries. Among notable achievements in 2014 was the national roll-out and evaluation of Option B+ (all pregnant women living with HIV are offered lifelong ART, regardless of their CD4 count) and paediatric ART services in Zimbabwe, enabling the country to move rapidly from piloting to full national implementation in 2014.

28. The Monitoring Results for Equity System (MoRES) contributed to improved results in 2014. In Chad, for example, it led to better geographical targeting and coverage of services for prevention of mother-to-child transmission of HIV from 33 to 75 per cent between 2012 and 2014. In addition, a memorandum of understanding between UNICEF and the Global Fund signed in 2014 has provided an opportunity to better integrate maternal, newborn and child health services with services for malaria and HIV.

29. Underscoring the importance of integrating humanitarian and development work, 41 country offices reported having a humanitarian response component for HIV in 2014, reaching nearly 20,000 pregnant women living with HIV. UNICEF also began implementation of innovative community-based social norm programmes in Somalia and South Sudan.

30. Gender approaches are important in fighting HIV and AIDS, especially given the disparities in infection rates between males and females. In 2013 UNICEF, UNAIDS and WHO jointly requested all countries to work towards reporting HIV data on adolescents, disaggregated by age and sex, and provided support for them to do so. In 2014, for the first time, 6 of the 38 high-burden countries were able to report age-disaggregated data. In Malawi and elsewhere, UNICEF is also promoting the "Double Dividend" approach, which focuses on data-driven links between HIV testing and nutrition, immunization and child health services.

31. Among all age groups, adolescents are the least likely to be diagnosed and to receive treatment. In June 2014, UNICEF and UNAIDS announced the *All In* initiative to end adolescent AIDS, with a leadership group that includes the United States President's Emergency Plan for AIDS Relief, the United Nations Population Fund, WHO, the Global Fund, youth networks and MTV. The initiative established targets to reduce AIDS-related deaths among adolescents by 65 per cent and new HIV infections among adolescents by 75 per cent by 2020, focusing on 25 lead countries. Inter-agency collaboration has strengthened joint programming efforts (QCPR paragraph 118).

Outcome 3: Water, sanitation and hygiene

Results achieved in 2014 with UNICEF support include:

- 13.8 million people gained access to improved drinking water and more than 11.3 million to sanitation in non-emergency settings.
- More than 19,000 communities home to 9.3 million people were certified as open-defecation-free.
- More than 10,500 schools had new or upgraded WASH facilities.
- 53 countries now have a national strategy that includes community-based behavioural change programmes to promote hand-washing.
- 75 countries have established targets for providing access to drinking water to the remaining unserved population.
- About 18 million people in humanitarian situations received access to safe water and 4.4 million to adequate sanitation facilities, and 13.0 million practised appropriate hand-washing.
- 37 countries have national monitoring systems reporting on equity of access to WASH services.

32. Between 1990 and 2012, significant progress was achieved in access to drinking water and the Millennium Development Goal target was met in 2010, although 748 million people still lack access to an improved drinking water source. Least developed countries almost halved the proportion of people practicing open defecation, from 45 per cent to 23 per cent, a hopeful sign of declining disparity between countries. Nevertheless, 2.5 billion people still lack access to sanitation, including 1 billion who continue to practice open defecation.

33. To meet the demand for sanitation products and services, UNICEF provided extensive support to building the capacities of community management organizations and the private sector for sanitation marketing, an important strategy. Through sector-wide approaches, UNICEF is helping to leverage new WASH financing in several countries. In Ethiopia, for example, a unified funding platform has been established, under the leadership of the Government, including UNICEF, the World Bank, the African Development Bank and the United Kingdom.

34. As part of the response to the Ebola crisis, UNICEF supported large-scale hand-washing promotion campaigns, construction and management of water and sanitation systems in treatment centres, and distribution of hygiene kits and disinfectant.

35. Lack of WASH services disproportionately hinders the lives of women and girls. In response, gender assessments were commissioned in Kiribati, Rwanda and Sudan in 2014. UNICEF also encouraged the participation, especially the leadership, of women in managing community WASH committees.

36. UNICEF convened the high-level meeting Water and Sanitation for All in 2014. Hosted by the World Bank, it brought together 20 ministers of finance and 35 ministers responsible for water and sanitation, along with representatives of donors and development banks. Forty-three developing countries and 12 donors tabled Statements of Commitment focused on eliminating inequities and improving sustainability.

37. UNICEF facilitated numerous South-South cooperation initiatives that supported the sharing of experiences and best practices among 14 countries on hygiene packages for schools, hand-washing and technical developments. UNICEF WASH staff published 12 articles in peer-reviewed journals in 2014.

Outcome 4: Nutrition

Results achieved in 2014 with UNICEF support include:

- 27 of 98 countries with recent data (2008-2014) maintained an exclusive breastfeeding rate of 50 per cent or more over the last five years, and 13 registered an increase of at least 10 per cent.
- 73 countries reported having legislation or a regulation on the International Code of Marketing of Breast-milk Substitutes and a designated body to carry out monitoring, up from 49† countries in 2013.
- 74 countries reported having a national policy or plan to address anaemia in women of reproductive age, and 34 had plans or policies focusing on adolescent girls, up from 27† in 2013.
- 80 countries had UNICEF-supported infant and young child feeding programmes, of which 70 per cent provided counselling at community level.
- Almost 1.5 million caregivers received training in early childhood stimulation and development as part of Infant and Young Child Feeding (IYCF) in humanitarian situations.
- 54 countries have joined the Scaling Up Nutrition movement, 13 of them since 2013.

38. Significant gaps persist in stunting. About half the world's stunted children live in Asia and a third in Africa. The differences in stunting rates between girls and boys are generally small, but they have been consistently higher among boys than girls in almost all countries with comparable data since 2000.

39. Fortification is an important intervention to reduce malnutrition and micronutrient deficiencies among women and children. By the end of 2014, 82 countries had received UNICEF support to develop legislation on fortification with iron and folic acid of at least one industrially milled cereal grain, supporting efforts to combat anaemia among women of reproductive age.

40. UNICEF supported 91 countries to develop or revise their national nutrition policies or plans for equitable use of nutritional support and improved nutrition practices, an increase from 83 countries in 2013. Despite significant ongoing progress in responding to severe acute malnutrition in many African countries, some countries in other regions continue to lag far behind others.

41. UNICEF and the World Food Programme (WFP) enhanced their collaboration in emergency response through an expanded field presence and the establishment of rapid response teams, particularly in South Sudan and the Horn of Africa, as part of the inter-agency response. UNICEF and WFP reached over 600,000 people with nutrition services in locations affected by Ebola. UNICEF also led the development and dissemination of adapted guidance documents for severe acute malnutrition and IYCF within the context of Ebola.

42. Global partnerships include the Renewed Efforts against Child Hunger Initiative, the Standing Committee on Nutrition and the Scaling Up Nutrition movement. Through creation of the Iodine Global Network, UNICEF took the lead in harmonizing the efforts of multiple agencies to address iodine deficiency disorders. UNICEF is leading a multi-partner Breastfeeding Advocacy Initiative, and is also a lead partner in the Global Alliance for Improved Nutrition, Flour Fortification Initiative and Micronutrient Initiative.

43. UNICEF staff contributed to the global knowledge base on nutrition issues through publishing more than 50 peer-reviewed articles.

Outcome 5: Education

Results achieved in 2014 with UNICEF support include:

- 144 countries are piloting or scaling up innovative approaches to improve access to education and learning outcomes for the most disadvantaged and excluded children, up from 132† in 2013.
- 89 countries have implemented quality standards consistent with child-friendly approaches, up from 79† in 2013.
- 65 countries have well-functioning learning assessment systems, especially for early grades, up from 56† in 2013.
- 52 countries have effective early learning policies and programmes, up from 41† in 2013.
- 62 countries have an education policy or sector plan that includes multilingual education to allow children to learn in their mother tongue during early grades, up from 47† in 2013.
- 52 countries have implemented policies on inclusive education covering children with disabilities, up from 48† in 2013.
- 8.6 million children in humanitarian situations accessed formal or non-formal basic education in 2014, an increase from 3.6 million in 2013.

44. Following major improvements between 2000 and 2012, global progress has stalled in terms of both enrolment and the number of out-of-school children. Furthermore, children who are in school are generally not making sufficient progress in learning. Glaring disparities remain in some countries in access to education in terms of gender, disability, ethnicity, income level and geographic location. Reasons for this include increased emergencies, rapid population growth in sub-Saharan Africa, and the saturation of school enrolment growth in countries that have reached high rates of enrolment. An additional factor is financing: a recent

UNICEF analysis revealed that countries transitioning from lower-income to middle-income status generally increase their public health expenditure as a percentage of gross domestic product, but not their education expenditure.

45. UNICEF supported an additional 10 countries to pilot or scale up innovations to improve educational access and outcomes for the most disadvantaged and excluded children. A number of countries developed and implemented well-functioning learning assessment systems, early learning policies and programmes, and initiatives on inclusive education for children with disabilities.

46. Country-level UNICEF responses included support for enrolment drives and cash transfer schemes in Nigeria, which has brought 360,000 girls into school in five northern states. In Brazil, Ethiopia, Ghana, Peru and Sudan, an initiative focused on linkages with other sectors, such as with water and sanitation and gender programming.

47. UNICEF mounted a robust response to serve the millions of children losing access to school because of emergencies, including the 5 million children kept out of the classroom by the Ebola outbreak in Guinea, Liberia and Sierra Leone. Violence affected schools in Nigeria, Pakistan, South Sudan, the Syrian Arab Republic and the State of Palestine. Access to formal and non-formal basic education was provided for 3.1 million children in Iraq and the Syrian Arab Republic, and 2.4 million affected by Ebola in Guinea, Liberia and Sierra Leone. Education by radio was used to reach children after the outbreak forced schools to close.

48. These situations underscored the importance of emergency preparedness and resilience. With UNICEF support, an additional 18 countries incorporated risk assessment into their education sector plan or policy, bringing the total to 38. UNICEF also supported establishment of community-based mechanisms to prevent and respond to gender-based violence and to provide teacher training on gender sensitivity in conflict-affected areas in Somalia and Uganda.

49. At global and regional levels, UNICEF contributed data and evidence for investment in education, particularly with publication of *The Investment Case for Education and Equity*. A UNICEF-supported replenishment event for the Global Partnership for Education mobilized an additional $26 billion in domestic resources from developing country partners and $2.1 billion from other donors.

50. In partnership with the World Bank and the United Nations Educational, Scientific and Cultural Organization, UNICEF finalized and disseminated education sector analysis guidelines to inform equity-focused policy dialogue and planning at country level. The guidelines support governments in preparing their country-specific education sector analysis, a new requirement for accessing grants from the Global Partnership for Education.

Outcome 6: Child protection

Results achieved in 2014 with UNICEF support include:

- More than 100 countries provide free and universal birth registration services, and the global birth registration rate has increased from 58 to 65 per cent in the last 10 years.
- 4.5 million children aged 5-17 years involved in child labour were reached with education, social protection or child protection interventions.

- By end-2014, corporal punishment in the home had been prohibited in 44 countries, compared with 34 in 2013.
- Of the survivors of gender-based violence whom UNICEF and its partners aimed to assist, approximately 432,757 women and children, primarily girls, received some form of multi-sectoral support.
- More than 33,000 unaccompanied and separated children in 22 crisis-affected countries were placed in alternative care, and almost 12,000 were reunified with families or caregivers.
- 10,204 children associated with armed forces and groups were released, and the great majority were reintegrated with their communities or received appropriate care and services.
- In 59 countries affected by conflict, 81 per cent of targeted children (3.1 million children) accessed psychosocial support

51. In recent years, awareness has grown at national and international levels about the importance of protecting children from violence, abuse and neglect. Though there is little data covering this often invisible violation of children's rights, support has also increased for child protection interventions.

52. An estimated 230 million children currently live in countries and areas affected by armed conflict. Tens of thousands of children each year are recruited and used by armed forces and armed groups. Slightly more than 1 in 10 girls (120 million) have experienced forced sexual acts at some point in their lives. About a third of women aged 20-24 in the developing world were married as children, and approximately 30 million girls are at risk of FGM/C. About 6 in 10 children aged 2 to 14, totalling almost 1 billion, are regularly subjected to corporal punishment by their caregivers. The births of an estimated 230 million children under age 5 have not been registered.

53. In 2014 around 5.6 million children were reached through initiatives to prevent armed violence, and an additional 14.6 million children with birth registration. However, despite growing awareness of violence, exploitation and abuse of children, in 2014 only 25 countries collected and published routine administrative data on these issues.

54. UNICEF supported 137 countries to strengthen child protection services in 2014, up from 74 in 2013. Outputs included strengthening service provision through coordination among the social welfare, education, health and justice sectors; improving legislation, policies and budget allocations; and enhancing protective practices of families and communities. Nevertheless, significant challenges remain in translating effective strategies into scaled-up systems that reach every child in need.

55. At least 70 country offices supported government and civil society efforts to prevent and respond to sexual abuse and exploitation. Eighty countries are applying some form of child-friendly procedures or approaches for dealing with children in contact with the law.

56. Across 35 countries affected by conflict and/or natural disaster, UNICEF country offices and partners took action to prevent and respond to various forms of gender-based violence, especially sexual violence. This included training and raising awareness of 425,768 girls, women, boys and men on how and where to seek support regarding gender-based violence.

57. The "Children, Not Soldiers" campaign has accelerated efforts to prevent recruitment of children by national armed forces. Among key achievements in 2014, the National Army of Chad was "delisted" from the annexes of the report of the Secretary-General on Children and Armed Conflict; an action plan was signed with Yemen; age assessment protocols were developed in Afghanistan; and children were released from armed forces and groups in Myanmar.

Outcome 7: Social inclusion

Results achieved in 2014 with UNICEF support include:

- 103 country offices worked with partners to increase the focus of public investments on the most disadvantaged children.
- 40 countries reported having a policy and/or budgetary frameworks to address child poverty and disparities. UNICEF assessed 15 of these as being sufficiently child-sensitive and adequately resourced.
- 35 Governments included emergency prevention, preparedness and response in their social protection programmes.
- 101 countries integrated the recommendations of the Committee on the Rights of the Child into domestic legislation, up from 74† in 2013.
- 92 countries are taking adequate measures to have children and adolescents participate in development planning at local, subnational or national levels.

58. Children remain overrepresented among the poor: although 34 per cent of the world's population is under 18 years of age, 47 per cent of those living on less than $1.25 a day are under 18. Yet, only 16 countries explicitly address child poverty in their national development plan or legislation.

59. Currently, 103 programme countries compute monetary child poverty rates using national poverty lines. Some 48 Governments regularly monitor and report on children in poverty, an increase from 29† countries in 2013.

60. Having data and evidence on children's access to services is fundamental to social inclusion and reduction of disparities. In 2014, UNICEF supported 23 countries to collect data through its household survey programme, Multiple Indicator Cluster Surveys. These allow disaggregation of data by geographic location, wealth quintile, ethno-linguistic group and other key factors. Since the equity refocus was introduced in 2010, 90 surveys have been undertaken in 64 countries. Of 62 countries with social protection impact assessments, 80 per cent reported positive impacts on child well-being.

61. Children are particularly vulnerable to stigma and discrimination. UNICEF efforts to promote the social inclusion of children with disabilities expanded to include Armenia, Republic of Moldova, Mozambique and the United Republic of Tanzania and aided Serbia to conduct a household survey on the needs of Roma families.

62. Children are among the most vulnerable to climate change and environmental degradation, and are in greater jeopardy as impacts grow. National policies are beginning to highlight the situation of children in this area — 34 countries now make specific reference to children in their policies. These initiatives support UNICEF efforts to reduce child poverty and discrimination (QCPR paragraphs 71 and 73).

63. UNICEF supported 115 countries in integrating climate, disaster and conflict risk into national development plans in 2014. In Burundi, conflict sensitivity and peacebuilding competencies have been integrated into school curricula, and UNICEF has piloted a model for evidence-based municipal disaster risk planning. The Government of Zimbabwe has developed a child-sensitive national climate change response strategy. Morocco integrated climate change adaptation and disaster risk reduction into municipal agendas.

Humanitarian action

64. The scale of emergencies requiring response from the international community was unprecedented in 2014: UNICEF responded to 294 humanitarian situations in 98 countries.

65. In 2014, UNICEF continued to respond to six Level-3 crises — in the Central African Republic, Iraq, South Sudan and the Syrian Arab Republic and neighbouring countries, as well as to typhoon Haiyan in the Philippines, and to the Ebola outbreak in West Africa.

66. This response produced significant results for children. In the case of South Sudan, as violence displaced millions, UNICEF expanded its field presence and traditional partnerships. UNICEF also provided direct response where there was insufficient partner presence through the inter-agency Rapid Response Mechanism. As the risk of famine loomed, UNICEF developed the Scale Up Nutrition Plan with WFP and supported treatment of severe malnutrition for more than 93,000 children.

67. In the Central African Republic, more than 2,800 children were released from armed groups and about 238,000 children under age 5 were vaccinated against measles in displacement camps.

68. Amid the Syrian conflict, learning materials provided access to education for 2.8 million children. In line with the No Lost Generation campaign, more than 600,000 children received psychosocial support in Egypt, Iraq, Jordan, Lebanon and Turkey. Iraq also experienced three waves of internal displacement, and the Rapid Response Mechanism helped to open five humanitarian corridors, supplying life-saving items to 74,000 people.

69. Other crises with a major impact on children were those in Ukraine, where UNICEF provided safe drinking water to 60,000 people in affected areas, and in the State of Palestine, where psychosocial support was provided for 230,000 children affected by fighting in Gaza.

70. The Emergency Programme Fund (EPF) was used to scale up nutrition programmes in South Sudan and to begin the response in Ebola-affected countries months ahead of that of the United Nations Mission for Ebola Emergency Response. The EPF ceiling was reached in a single year, with 88 per cent supporting Level-3 responses. This led the Executive Board, at its 2015 first regular session, to increase the ceiling from $75 million per biennium to $75 million per calendar year.

71. UNICEF embarked on the Strengthening Humanitarian Action initiative to equip the organization to reliably and predictably provide assistance to children and achieve the results defined in the Strategic Plan. Reforms announced in late 2014 to strengthen UNICEF humanitarian action included clarifying accountabilities for the

humanitarian system's Transformative Agenda. As specified in the Strategic Plan, UNICEF is working to integrate development and humanitarian programming.

72. The capacity to respond to large-scale emergencies was also strengthened through training of response teams during an emergency simulation exercise conducted with WFP. Standby arrangements with partners provided an additional 179 personnel to UNICEF, including 164 deployed to the field.

73. UNICEF and WFP developed a model for returns-on-investment in preparedness. As a result, case studies in Chad, Madagascar and Pakistan showed considerable potential savings in cost and time. The two agencies also undertook a project to strengthen the preparedness of country offices in 10 countries and 4 subregions. This included pre-positioning materials; expanding surge capacities; strengthening emergency response capacity of staff, partners and governments; developing preparedness systems; and supporting inter-agency preparedness.

Gender equality

74. Since the issuance of the UNICEF Gender Action Plan, significant progress has been made. More than half of country offices have specified gender results in their country programme management plans; over 75 per cent of country programmes now include results in one or more of the four priority areas; and 80 per cent include at least one gender mainstreaming result for their country programmes.

75. National-level commitment and action on child marriage and FGM/C have accelerated greatly following the Girl Summit hosted by the Government of the United Kingdom and UNICEF in July 2014. Eighteen countries with medium to high prevalence of child marriage now have national strategies or plans on child marriage, five of them costed.

76. UNICEF programmes are showing an increasingly identifiable focus on gender. For example, 22 countries were supported to include menstrual hygiene management targets in school strategies and plans in 2014. Through the partnership with GAVI — the Vaccine Alliance, UNICEF supported the delivery the human papilloma virus vaccine assessments in 10 countries. In more than 10 countries, UNICEF also supported the integration of additional health services for girls aged 9 to 13 into vaccine services.

Implementation strategies

77. In compliance with the QCPR mandates, UNICEF provided capacity-building and development support to communities and governments at national and local levels. Support was also provided to improve coordination of partners, which strengthened service delivery and enhanced responses to large-scale emergencies.

78. Almost all UNICEF country offices (98 per cent) engaged in equity-focused and evidence-based advocacy. Decision makers in 88 per cent of programme countries used UNICEF data on equity gaps to influence design of national programmes.

79. Expansion of partnerships, including with National Committees, international financial institutions and non-governmental organizations (NGOs), is a key element in strengthening advocacy and programme implementation (QCPR paragraph 104). In Mali, Nigeria and Senegal, UNICEF partnered closely with NGOs, Governments

and other United Nations agencies to help contain the Ebola outbreak in neighbouring countries. Simultaneously the organization worked to assist development of Ebola preparedness plans in 50 countries.

80. In compliance with QCPR mandates on South-South Cooperation (paragraphs 74 and 75) and regional dimensions (paragraph 148), 65 per cent of country offices promoted South-South cooperation. The UNICEF-led Regional Childhood Education Conference in East Africa led to a commitment to establish the first-ever African Early Childhood Development network.

81. UNICEF innovation efforts continued to expand. The organization played a central role in developing a new pneumonia diagnostic device that will facilitate community-based diagnosis. Software and smartphone technology was used to address exclusion and marginalization. More than a third of country offices supported real-time data systems at national level, enabling identification of the most marginalized communities. UNICEF continued to promote mobile/tablet computer applications to transmit messages to youth populations to increase their awareness of issues such as HIV/AIDS testing. In Kenya, United Republic of Tanzania and Zambia, a mobile application was launched providing free information about Ebola.

III. Organizational performance

82. UNICEF remains committed to improving organizational efficiency and effectiveness and enhancing results-based management. The Results Framework of the Strategic Plan continues to provide a solid basis for aligning country programmes with organization-wide results. A set of corporate priorities for policy dialogue, advocacy and communications was prepared in 2014, giving greater coherence to efforts in these areas across the organization, including the network of National Committees (QCPR paragraph 171).

83. In response to QCPR mandates on evaluation, real-time monitoring continues to be strengthened to inform continuous adjustment of programme design and strategy, through expanded application of MoRES. UNICEF offices conducted 104 evaluations in 2014, and 69 per cent met quality standards. The completion rate for the formal management response to evaluations exceeded 90 per cent, a significant increase from the 2009 baseline of 10 per cent.

84. Supplies and services worth some $3.38 billion were procured in 2014, including 2.7 billion doses of vaccines and other health, nutrition and WASH supplies. In response to the Ebola outbreak, expertise had to be mobilized and coordinated across several country offices to establish new supply chains in constrained markets.

85. The number of female staff grew by 20 per cent in 2007-2014, a rate slightly higher than for male staff, reflecting UNICEF efforts to achieve gender parity and to comply with the QCPR paragraph 92. Women comprised 45 per cent of P-5 and above staff at end-2014. Women represented 44 per cent of senior staff appointments in 2014, an increase from 39 per cent in 2013.

86. Surge deployments to the field totalled 934 in 2014 (compared with 755 in 2013), 89 per cent of which supported Level-3 responses, including 285 for the Ebola response. Emergency recruitment time-to-hire was 45 days on average in

2014, compared with 49 days in 2013, and 91 per cent of requests for surge capacity support were met within 56 days. Security of staff and premises remained a top priority for UNICEF. The organization pays tribute to the many staff members who continue to work in difficult situations.

87. The 2014 International Aid Transparency Initiative Index places UNICEF in "good" standing, ranked 14 out of 68 organizations. This represents a significant improvement over 2013, when UNICEF was placed in "fair" standing, ranking 21 out of 67 organizations (QCPR paragraphs 11 and 31).

88. UNICEF is working with other United Nations agencies to simplify and harmonize business practices (QCPR paragraph 153). The new Global Shared Services Centre will provide global finance, human resources, administrative and information technology (IT) functions. Located in Budapest, the centre should be completely functional by 2016.

89. The IT function increasingly aligns with the UNICEF Strategic Plan at all levels. In 2014, this was through new VISION functionalities, automating Treasury and eBanking, and interfacing with the United Nations on pensions. Notable achievements included introduction of a learning management system (Agora) and enhancement of programme performance reporting.

90. Through successful engagement with IT vendors, in 2014 UNICEF continued to provide flexible global connectivity options at reduced cost. IT services were provided in 95 per cent of emergencies in accordance with the Core Commitments for Children in Humanitarian Action, and 75 per cent of IT projects were delivered within the allotted time and budget.

91. In 2014, UNICEF country offices were engaged in 657 common long-term agreements, saving both time and funds (QCPR paragraphs 152 and 154). Several offices voluntarily implemented the Business Operations Strategy to promote common operations. UNICEF will participate in determining quantifiable cost savings through the 2015 evaluation led by the United Nations Development Group. Seventy-eight country offices (a 24 per cent increase over 2013) are implementing harmonized approaches in procurement, human resources management, IT and financial management services (QCPR paragraphs 152 and 154).

92. UNICEF contributed $3.6 million as part of cost-sharing for the Resident Coordinator system (QCPR paragraph 128) and provided additional support at country level in 53 offices. Seven UNICEF staff served as Resident Coordinators in 2014 and 106 on an interim basis. UNICEF Representatives served as acting Humanitarian Coordinators in 46 countries. The job description of UNICEF Representatives has been revised to include their role in United Nations country teams (QCPR paragraph 130a).

93. Within United Nations country teams, UNICEF contributed to more strategic United Nations Development Assistance Frameworks in eight countries (QCPR paragraphs 117 and 119). UNICEF is fully participating in implementation of the United Nations Development Group's Plan of Action to address systemic bottlenecks in implementing the standard operating procedures. UNICEF is co-convening three working groups related to the Plan of Action, including joint communications and advocacy (QCPR paragraph 137). UNICEF is leading the work on joint approaches to monitoring results for equity, thereby strengthening the culture of evidence-based results of the United Nations system (QCPR paragraph 166).

94. UNICEF received an unqualified opinion from the United Nations Board of Auditors on its 2013 financial statements. UNICEF issued 54 audit reports during 2014, resulting in 525 recommendations related to governance, programme management and operational support. Only eight offices had audit recommendations outstanding for over 18 months in 2014, exceeding the target of fewer than 10. Seventy-two investigation cases closed during the year, 58 per cent within six months.

IV. Lessons learned

95. In Ebola-affected countries, anthropological analysis and community engagement were crucial to successful efforts, determining the location of centres of care as well as the mode of service delivery. When it became evident that local community care systems needed the support of trained community workers, social mobilization was combined with training of local care providers. This was particularly important for strengthening community resilience.

96. More emphasis on emergency preparedness was critical to mounting a faster, and more efficient and effective, humanitarian response. Such preparedness is especially vital to work with partners from civil society and NGOs.

97. Regarding global immunization, lessons emerged from the stagnation in some of the coverage data on diphtheria, pertussis, tetanus and measles vaccinations for several countries falling outside the GAVI Alliance, including several middle-income countries. One key lesson is that challenges related to financing and technical assistance must be addressed if countries are to avoid setbacks in system performance.

98. Evaluation findings continued to enhance UNICEF work. One notable finding, in education, was the importance of strengthening approaches to policy work. This was underlined in the Evaluation of Upstream Work in Education, which found that while upstream work was important for scaling up services, especially for the most deprived children, it required improved monitoring of results.

99. Much experience was gained in the collection and use of real-time monitoring data, especially through mobile technology. UNICEF continued to emphasize to Governments and other partners the need for such data as a means to provide timely essential services to underserved groups.

100. Revenue figures show that overall regular resources (RR) to UNICEF increased by 4.7 per cent in 2014 (measured in United States dollars [USD]). A 12 per cent increase in public sector RR contributions was partly offset by a 3 per cent decline in such contributions from the private sector. Contributions from both the public and private sectors were negatively impacted by exchange rate variations. Thematic funding decreased by 5 per cent in 2014, continuing its decline as a percentage of total earmarked funds, or other resources (OR), reaching an all-time low of under 9 per cent. RR and thematic funds directly support the achievement of programme results by enabling longer-term planning and lowering transaction costs. It is critical for UNICEF and its partners to redouble efforts to ensure a flexible and predictable funding base.

V. Revenue, expenditure and resource mobilization

101. Total revenue amounted to $5,169 million (tables 1 and 2), with RR $1,326 million and OR $3,843 million. RR represented 26 per cent of revenue in 2014.

Table 1
UNICEF revenue by resource type and source, 2014 and 2013
(In millions of USD)

Source of revenue	*2014 Actual*	*2013 Actual*	*2014 Plan*
Regular resources			
Government*	660	587	654
Private sector	572	589	609
Other revenue**	94	89	80
Total — RR	**1 326**	**1 265**	**1 343**
Other resources (regular)			
Government	1 358	1 429	1 181
Private sector	693	653	544
Inter-organizational arrangements	213	174	192
Subtotal	**2 264**	**2 256**	**1 917**
Other resources (emergency)			
Government	1 163	977	548
Private sector	132	195	70
Inter-organizational arrangements	285	160	156
Subtotal	**1 579**	**1 332**	**774**
Total — OR	**3 843**	**3 588**	**2 691**
Total revenue	**5 169**	**4 853**	**4 034**

* Gross RR from Governments includes income taxes paid by UNICEF on behalf of the citizens of Governments that contribute to RR, reported in expenditure table.
** Other revenue includes income from interest, procurement services and other sources.

Table 2
UNICEF revenue by source, 2014 and 2013
(In millions of USD)

Source of revenue	*2014 Actual*	*2013 Actual*	*2014 Plan*
Government	3 181	2 993	2 383
Private sector/non-government	1 397	1 437	1 223
Inter-organizational arrangements	497	334	348
Other	94	89	80
Total	**5 169**	**4 853**	**4 034**

102. In 2014, a total of 135 Governments contributed to UNICEF resources. Total public sector contributions (from Governments, intergovernmental organizations and inter-organizational arrangements) were $3,679 million (up from $3,327 million in 2013). Private sector contributions (from National Committees, individual donors, NGOs and foundations) were $1,397 million (down from $1,437 million in 2013), including revenue of $43 million from greeting cards and products.

103. Income for humanitarian assistance was $1,579 million. The increase of 19 per cent over the 2013 level of $1,332 million is attributed primarily to funding for humanitarian emergencies in the Central African Republic, Iraq, the Philippines, South Sudan and the Syrian Arab Republic; and the Ebola crisis. Humanitarian needs grew exponentially during 2014; the funding requirement increased from $2.1 billion in January to $3.1 billion by end-2014.

Expenditure

104. Effective 1 January 2012, UNICEF financial statements are prepared under the full accrual basis of International Public Sector Accounting Standards. Accordingly, the breakdown of programme expense by outcome area (table 3) reflects the cost of services and consumable goods received by UNICEF as well as programme supplies delivered to programme partners during 2014. The programme expense in sub-Saharan Africa, at $2,344 million, and in least developed countries, at $2,179 million, were 57 and 53 per cent, respectively.

Table 3
Direct programme assistance by outcome area, 2014
(In millions of USD)

Outcome area	*RR*	*OR Regular*	*OR Emergency*	*Total*
Health	249.3	729.5	250.1	1 229.0
HIV and AIDs	37.5	65.6	4.0	107.1
WASH	101.3	276.2	349.8	727.4
Nutrition	65.6	173.5	245.1	484.2
Education	135.6	508.0	182.6	826.2
Child protection	145.9	218.0	150.5	514.4
Social inclusion	125.1	96.4	21.1	242.6
Total (rounded)	**860.2**	**2 067.3**	**1 203.3**	**4 130.8**

VI. Draft decision

The Executive Board

1. *Takes note* of the Annual report of the Executive Director of UNICEF: performance and results for 2014, including a report on implementation of the quadrennial comprehensive policy review and (E/ICEF/2015/5 and E/ICEF/2015/Add.1).

2. *Decides* to transmit the above-mentioned report to the Economic and Social Council, along with the summary of the comments and guidance provided by delegations at the present session.

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† The baseline number of countries changed, from 157 in the original Strategic Plan results framework, to the number of countries in which UNICEF supports programmes in the relevant outcome areas. This change was introduced as part of the increased focus on monitoring the specific UNICEF contribution to results achieved. For this reason, not every indicator is relevant in all programme countries.